



Application # _____

Harnett County Central Permitting
420 McKinney Pkwy Lillington, NC 27546
PO Box 65 Lillington, NC 27546

910-893-7525 ext. 1 Fax 910-893-2793 www.harnett.org/permits

* Must be owner/occupier or licensed contractor. Address, company name & phone must match information on license.

Application for Residential Building and Trades Permit

Owner's Name: Lilium Homes Inc Date 10-10-23
Site Address: 300 Hook Drive Fuquay-Varina NC Phone 336-870-6286
Subdivision: Cotton Farms Lot 14
Description of Proposed Work: New House Total Job Cost \$410,000.00

General Contractor Information

Lilium Homes Inc 919-817-5545
Building Contractor's Company Name Telephone
5 W Mason St Franklinton NC 27525 prodriguez@lilium-homes.com
Address Email Address
88522 **HEATED SQ FT** 2911 **GARAGE SQ FT** 882
License #

Electrical Contractor Information

Description of Work _____ Service Size: 200 Amps T-Pole: Yes No
Pedro Electric 919-868-5249
Electrical Contractor's Company Name Telephone
P.O Box 61307 Raleigh NC _____
Address Email Address
2040163 _____
License #

Mechanical/HVAC Contractor Information

Description of Work _____
Casey Services HVAC Inc 919-556-3338
Mechanical Contractor's Company Name Telephone
4900 Purnell Rd Wakeforest NC _____
Address Email Address
10540 _____
License #

Plumbing Contractor Information

Description of Work _____ # Baths _____
Stellar Plumbing LLC 919-389-5372
Plumbing Contractor's Company Name Telephone
PO Box 814 Graham NC _____
Address Email Address
35939 _____
License #

Insulation Contractor Information

Smith Insulation Louisburg NC 919-496-3512
Insulation Contractor's Company Name & Address Telephone

***NOTE: General Contractor / owner must fill out and sign the second page of this application.**



I hereby certify that I have the authority to make necessary application, that the application is correct and that the construction will conform to the regulations in the Building, Electrical, Plumbing and Mechanical codes, and the Harnett County Zoning Ordinance. I state the information on the above contractors is correct as known to me and that **by signing below I have obtained all subcontractors permission to obtain these permits** and if **any** changes occur including listed contractors, site plan, number of bedrooms, building and trade plans, Environmental Health permit changes or proposed use changes, I certify it is my responsibility to notify the Harnett County Central Permitting Department of any and all changes.

EXPIRED PERMIT FEES - 6 Months to 2 years permit re-issue fee is \$150.00. After 2 years re-issue fee is as per current fee schedule.

Bulmaro Rodriguez.
Signature of Owner/Contractor/Officer(s) of Corporation

10-10-24.
Date

Affidavit for Worker's Compensation N.C.G.S. 87-14

The undersigned applicant being the:

General Contractor Owner Officer/Agent of the Contractor or Owner

Do hereby confirm under penalties of perjury that the person(s), firm(s) or corporation(s) performing the work set forth in the permit:

Has three (3) or more employees and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) and has obtained workers' compensation insurance to cover them.

Has one (1) or more subcontractors(s) who has their own policy of workers' compensation insurance covering themselves.

Has no more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought it is understood that the Central Permitting Department issuing the permit may require certificates of coverage of worker's compensation insurance prior to issuance of the permit and at any time during the permitted work from any person, firm or corporation carrying out the work.

Sign w/Title: Bulmaro Rodriguez.

Date: 10-10-24.